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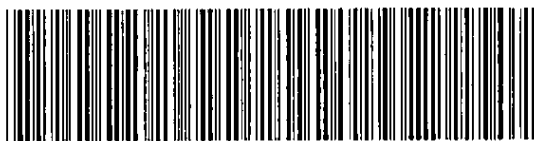
(Business Entity Name)

(Document Number)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/19/2019

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Name:	Senzime, Inc.
Document #:	
Order #:	12408288

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Thank you!

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Senzime, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Senzime, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

150 North Michigan Ave, Suite 1950

Chicago, IL 60601-7550

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pia Renaudin, Dir

Name and Title: Catrin Molund, Dir/Pres

Address Ulls väg 29B

Address: Ulls väg 29B

75651 Uppsala

75651 Uppsala

Sweden

Sweden

Name and Title: Erik Bergman, Dir/Sec/Treas

Name and Title: _____

Address Ulls väg 29B

Address: _____

75651 Uppsala

Sweden

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL
SECRETARY OF STATE

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jared A. Smith, Esq.
Address: 2600 W. Big Beaver Rd., Ste 300
Troy, MI 48084

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: C T Corporation System Stephanie Hencz 11/19/2019
Required Signature/Registered Agent Stephanie Hencz Assistant Secretary Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature] 11/19/2019
Required Signature/Incorporator Date